Tacoma-Pierce County Health Department

VOL 183 PAGE 2197

DATE ISSUED: March 9, 1984

8403130300

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

VITAL RECORDS

CERTIFICATE OF DEATH

758

LOCAL FILE NUMBER

758

146-8

STATE FILE NUMBER

DECEDENT

1. NAME-FIRST, MIDDLE, LAST	2. SEX	3. DEATH DATE (MO DAY YR)
WALTER L. HUBER	Male	March 6, 1984

4. RACE (WHITE, BLACK, AM. IND. ETC. (SPECIFY)	5. AGE - LAST BIRTH-DAY (YRS)	6. UNDER 1 YEAR MOS.	6. UNDER 1 YEAR DAYS	7. UNDER 1 DAY HOURS	7. UNDER 1 DAY MINS.	8. BIRTHDATE (MO DAY YR)	9. COUNTY OF DEATH
White	77					May 25, 1906	Pierce

10. CITY, TOWN OR LOCATION OF DEATH	11. PLACE OF DEATH - X BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 0. ☐HOME 2 ☐IN TRANSPORT 3. ☐EMERG RM/OUT PTN 4. ☒HOSP. 5 ☐NUR HOME 1. ☐OTHER PLACE	12. RECEIVED EMERGENCY CARE AMBULANCE, FIREFTR, PARAMED?
Tacoma	Tacoma General Hospital	Un YES/NO

13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY)	14. CITIZEN OF WHAT COUNTRY	15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	16. SPOUSE (IF WIFE GIVE MAIDEN NAME)	17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO)
Washington	U.S.A.	Married	Verna Paulsen	No

18. SOCIAL SECURITY NO.	19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED)	20. KIND OF BUSINESS OR INDUSTRY
536-10-4978	Retired President	Hospital

21. RESIDENCE - NUMBER AND STREET	22. CITY/TOWN, OR LOCATION	23. INSIDE CITY LIMITS? (YES/NO)	24. COUNTY	25. STATE
4208 218th E.	Sumner	No	Pierce	Washington

PARENTS

26. FATHER - NAME FIRST, MIDDLE, LAST	27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST
Jacob H. Huber	Hattie Stivers

28. INFORMANT - NAME	29. MAILING ADDRESS STREET OR RFD NO.	CITY OR TOWN	STATE	ZIP
Verna Huber-Wife	4208 218th E.	Sumner,	Washington	98390

DISPOSITION

30. BURIAL, CREMATION REMOVAL, OTHER (SPECIFY)	31. DATE (MO DAY YR)	32. CEMETERY/CREMATORY - NAME	33. LOCATION - CITY/TOWN, STATE
REM/BURIAL	March 10, 1984	Sunset Memorial Gardens	Chehalis, Washington

34. FUNERAL DIRECTOR SIGNATURE	35. NAME OF FACILITY	36. ADDRESS OF FACILITY
X Alvin E. Harris	Buckley-King Mortuary	102 Tacoma Avenue S. Tacoma, Washington 98402

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED.

SIGNATURE AND TITLE

X Robert A. Kallsen MD

38. DATE SIGNED (MO DAY YR) 3-8-84

39. HOUR OF DEATH (24 HRS) 1515

40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

41. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

SIGNATURE AND TITLE

X

42. DATE SIGNED (MO DAY YR)

43. HOUR OF DEATH (24 HRS)

44. PRONOUNCED DEAD (MO DAY YR)

45. HOUR PRONOUNCED DEAD (24 HRS)

46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT)

Robert A. Kallsen, M.D. 419 South "L" Tacoma, Washington 98405

CAUSE OF DEATH

IMMEDIATE CAUSE STATING UNDERLYING CAUSE LAST.

47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C))

(A) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Ischemic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years

DUE TO, OR AS A CONSEQUENCE OF:

(C) and Acute & Chronic Renal Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 years

48. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE.

Metastatic Cancer Prostate & Bones, Arteritis

49. AUTOPSY? (YES/NO)	50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO)
No	No

51. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (SPECIFY)	52. INJURY DATE (MO DAY YR)	53. HOUR OF INJURY (24 HRS)	54. DESCRIBE HOW INJURY OCCURED.

55. INJURY AT WORK? (YES/NO)	56. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC (SPECIFY)	57. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE

58. REGISTRAR SIGNATURE

X R. M. Nicola, MD

59. DATE RECEIVED (MO DAY YR) MAR 8 1984

60. ITEM	DOCUMENTARY EVIDENCE:	REVIEWED BY:	DATE:	ITEM	DOCUMENTARY EVIDENCE:	REVIEWED BY:	DATE:

FOR STATE REGISTRAR USE ONLY

DSHS 9-150 (REV. 1-82)

I HEREBY CERTIFY that this is a true copy (photographic) of the original certificate on file in this office, AS LONG AS THE CENTER SEAL AND THIS CERTIFICATION ARE PRINTED IN BLUE, ANY ALTERATION(S) VOIDS THIS DOCUMENT.

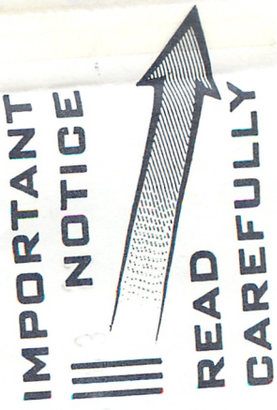
R. M. Nicola, MD

R. M. Nicola, M.D., M.H.S.A.
Director of Health and Registrar

David F. Fiorino
CHIEF DEPUTY REGISTRAR

Deputy Registrar

HEA 056 (06/81)

RECORDED
84 MAR 13 P3:59
RICHARD A. KELLO AUDITOR
PIERCE COUNTY, WASH
DEPUTY

Bonneville, Viert, Morton, McGoldrick
Dave McGoldrick
Suite 600
820 'A' Street
Tac. Wa. 98402